

Drug, and Cosmetic Act with respect to surveillance and information concerning the relationship between cervical cancer and the human papillomavirus (HPV), and for other purposes.

The message also announced that the House has passed the following concurrent resolution, without amendment:

S. Con. Res. 149. Concurrent resolution to correct the enrollment of H.R. 3244.

EXECUTIVE AND OTHER COMMUNICATIONS

The following communications were laid before the Senate, together with accompanying papers, reports, and documents, which were referred as indicated:

EC 11152. A communication from the Assistant Bureau Chief, Management, International Bureau, Satellite and Radiocommunications Division, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled "Report and Order in the Matter of the Establishment of Policies and Service Rules for the Mobile Satellite Service in the 2 GHz band" (IB Docket No. 99-81, FCC 00-302) received on October 12, 2000; to the Committee on Commerce, Science, and Transportation.

EC 11153. A communication from the Director of the Office of Management and Budget, Executive Office of the President, transmitting, pursuant to law, an appropriations report for the Department of Defense Appropriations Act for fiscal year 2001; to the Committee on the Budget.

EC 11154. A communication from the Director of the Office of Management and Budget, Executive Office of the President, transmitting, pursuant to law, a pay-as-you-go report (No. 513) dated September 29, 2000; to the Committee on the Budget.

EC 11155. A communication from the Deputy Associate Administrator, Office of Acquisition Policy, General Services Administration, transmitting, pursuant to law, the report of a rule entitled "Federal Acquisition Regulation Federal Acquisition Circular 97-20" (FAC97-20) received on October 12, 2000; to the Committee on Governmental Affairs.

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Mr. ABRAHAM:

S. 3206. A bill to amend the Omnibus Crime Control and Safe Streets Act of 1968 to provide additional protections to victims of rape; to the Committee on the Judiciary.

By Mr. SANTORUM:

S. 3207. A bill to amend the Consolidated Farm and Rural Development Act to authorize the Secretary of Agriculture to make grants to nonprofit organizations to finance the construction, refurbishing, and servicing of individually-owned household water well systems in rural areas for individuals with low or moderate incomes; to the Committee on Agriculture, Nutrition, and Forestry.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. MURKOWSKI (for himself and Mr. BINGAMAN):

S. Con. Res. 151. A concurrent resolution to make a correction in the enrollment of the bill H.R. 2348; considered and agreed to.

By Mr. ROTH:

S. Con. Res. 152. A concurrent resolution to make a technical correction in the enrollment of the bill H.R. 4868; considered and agreed to.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. ABRAHAM:

S. 3206. A bill to amend the Omnibus Crime Control and Safe Streets Act of 1968 to provide additional protections to victims of rape; to the Committee on the Judiciary.

THE VICTIMS OF RAPE HEALTH PROTECTION ACT

Mr. ABRAHAM. Mr. President, I rise today to introduce the Victims of Rape Health Protection Act. This legislation would facilitate health treatment of rape victims by empowering victims with the ability to determine at an early date whether or not their attacker carried the Human Immunodeficiency Virus (HIV), the virus that causes AIDS.

Mr. President, in addition to a rape survivor being forced to live with the horrific elements commonly associated with the act of rape, rape victims simultaneously are threatened by yet another cruel aggressor, the HIV disease. Current medical technology is limited in its ability to detect HIV in the body during the initial stages of infection; as such, if the victim must rely on self-testing alone, the presence of HIV may not be evident for months.

Reports from both the American Medical Association and a study published in the April, 1997, New England Journal of Medicine outline the merits of early action in the fight against HIV. As immediate and intensive administration of anti-HIV drugs has been shown to greatly reduce the risk of HIV infection, early knowledge of whether or not a victim has been exposed to the virus is imperative to embarking on critical, potentially lifesaving courses of medication.

Mr. President, ten years ago Congress passed a law that allowed rape victims to compel testing of their attacker upon conviction. Over the years medical science has made important advancements in the fight against AIDS, and it is time for the law to follow suit. Today, I wish to challenge the current inadequate policies which exist in some states, and allow victims of rape early access to their assailants' HIV screen results.

Where there is any risk of transmission of the virus, this legislation

would require states to actively screen rape defendants for HIV and disclose the results to the victim within forty-eight hours of an indictment or information. Beyond notification of the victim, test result confidentiality would be determined by the individual states as they see necessary to protect the privacy of their citizens. Federal Byrne Grant funding would be made available to the states in order to help pay for the testing; states which refuse to operate in compliance with these testing requirements would be subject to a ten-percent reduction of their Byrne Grant funds.

Mr. President, I have read far too many stomach-churning accounts of both female and male rape victims, at every age, where early knowledge of a sex offender's HIV status—positive or negative—may have spared the victim unnecessary mental anguish, or possibly, may have spared the victim's life. At this time, I would like to share a few of these sad stories with my colleagues.

In the summer of 1996, a seven year old girl was brutally raped by a 57 year old man. The little girl and her five year old brother had been lured to a secluded, abandoned building in the East New York section of Brooklyn. The man raped and sodomized the girl. Her brother, meanwhile, was beaten, tied up and forced to witness his sister's rape. After the man's arrest, the defendant refused to be tested for HIV. His refusal was permitted by the state's laws. The man later told the police he was infected with HIV.

In New Jersey, three boys gang-raped a 10-year-old mentally-retarded girl. The girl's family demanded that the boys be tested for HIV; these requests were denied. Three years after the girl was raped and the boys were convicted, the family was still fighting to learn the HIV status of the rapists.

A Maryland man with HIV sexually assaulted an 11-year-old boy for over a year. It was not until the man's trial that it was learned he was infected.

Mr. President, I do not believe I need to elaborate further on this subject. I believe we have a unique opportunity to help ease the stress and suffering of women and children mercilessly raped and wounded by sexual predators, and in the process, we will change a system which currently favors the so-called privacy of sex offenders over the health of their victims. I implore my colleagues to support the Victims of Rape Health Protection Act. May we finally deliver a higher degree of security and safety to rape victims, regardless of age or gender. Mr. President, I ask for unanimous consent that the text of this legislation and a letter from Ms. Deidre Raver, a rape survivor who has championed this cause for years, be inserted in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows: